

ORAL HYGIENE

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AN EFFORT TO SOLVE THE MOUTH HYGIENE PROBLEM

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Chairman of the Mouth Hygiene Committee of the National Dental Association.

In the January number I spoke of the lecture course for dental hygienists inaugurated by Dr. A. C. Fones, at Bridgeport, Conn. At my request Dr. Fones has written an article telling what they hope to accomplish and how they hope to accomplish it. Better read it and see what is happening in the dental world. Maybe there are things going on about which you are not informed.

No one method that has been advocated up to the present time, can wholly solve the problem of mouth hygiene, but that which seems to more nearly approach a practical solution of the many difficulties involved is the education and adoption of the woman assistant, who can devote her entire time to this work. In this way not only can the public be reached through the dental offices, but these prophylactic workers can enter our public schools and besides treating the children have opportunity to educate them, and so hold out some hope of eventually coping with this great problem.

For even were the dental

profession educated and thoroughly aroused to the importance of mouth hygiene, they would be powerless to care for one-tenth of the people who so sorely need this form of treatment and instruction. Knowing, from a practical standpoint, what women can do for health conditions by these prophylactic treatments and instruction in mouth hygiene, I have felt warranted in starting a campaign for the prevention of disease by taking a class of thirty-two women and, with the assistance of a corps of lecturers, educating them to be dental hygienists.

The main object in undertaking this work was not and

is not to form a school for the education of these women, but, primarily, to secure a text book whereby educational bodies and institutions could permanently form a school for this movement. It was most gratifying that, when the subject was presented to the various lecturers whose names appear in the schedule, they immedi-

revision and condensation, again typewritten and made ready for publication. Up to the present time nothing has been compiled that may be utilized for such a text book, and it is our hope that this book will form a basis for placing this educational movement on a practical foundation.

In the process of the for-



ately appreciated its possible beneficial results in the prevention of disease and were willing to come to our aid and give time and knowledge gratis to help solve the problem.

The lectures of these men are being given in the class room, taken down verbatim in short hand, typewritten, sent back to the lecturer for

mation of this book, the opportunity seemed exceptional to start a nucleus of workers, and so a class of thirty-two women was organized to receive the theoretical instruction. In addition to this I have volunteered to give them a six weeks practical course, training them in work and instruction in using the instru-

ments and polishers on manikins, on children and on adults.

These women are not being trained as chair assistants, but are being taught the various causes of disease emanating from mouth infection and lack of knowledge of general hygiene. It must be clearly understood also that they are not being taught to treat disease. Their work is purely on the plus side of the health line and nothing in the course, either theoretical or practical, is advanced for them to follow in treating diseased conditions of any kind. In order for them to have an appreciation of the science of prevention it is essential that they have some knowledge of the diseases attendant upon unsanitary mouths, and it is with these ideas uppermost in the minds of the lecturers, that their various subjects are being presented.

The first quarter of the course has been completed and I feel that the members of the dental profession have in store for them a great treat. No dentist, however well informed, can help but be wonderfully benefited by reading the lectures of these men, nor can he fail, after reading them, to appreciate the important position that he occupies as a dental surgeon in being a teacher of, as well as a powerful factor for the prevention of disease.

It may also be readily understood how helpful such a book will be in adding to the

knowledge and training of the medical nurse in her work in hospitals and sanitariums. The awful mouth conditions that prevail among most of the patients in these institutions are serious handicaps in preventing cures and recoveries that might otherwise be obtained were it not for the constant infections taking place from unsanitary mouths. It is one of the problems today in the hospitals that the medical nurse, if educated and trained as a dental hygienist, can do much to solve.

Following is the list of the lecturers and their subjects. The lectures vary in number, the essentials of the various subjects being presented in the fewest possible lectures:

Raymond C. Osburn, Ph. D., Professor in Barnard College, Columbia University—Anatomy.

Alexander M. Prince, M. D., Instructor in Medicine and Physiology, Medical Department of Yale University—Physiology.

L. F. Rettger, Ph.D., Assistant Professor of Bacteriology, Sheffield Scientific School of Yale University—Bacteriology and Sterilization.

R. H. W. Strang, M.D., D.D.S., Bridgeport, Conn., Specialist in Orthodontia, Anatomy and Histology of the Teeth and Jaws—Nomenclature.

Leroy S. M. Miner, M.D., Assistant Professor, Harvard Dental School—Inflammation.

Dr. George M. MacKee, Instructor in Dermatology, College of Physicians and Surgeons, New York City—The Skin in Health and Disease. Also Brief Outline of Symptoms and Diagnosis of Chicken Pox, Small Pox, Measles, Scarlet Fever, etc.

Edward C. Kirk, Sc.D., D.D.S., Dean of Dental Department of University of Pennsylvania — Oral Secretions, (b) Deposits and Accretions on the Teeth, (c) The Psychology of Handling Children.

Eugene H. Smith, D.M.D., Dean of Dental Department of Harvard University — Dental Caries.

M. L. Rhein, M.D., D.D.S., New York City — Alveolar Abscess, (b) Odontalgia.

R. G. Hutchinson, Jr., D.D.S., New York City, Specialist in Treatment of Pyorrhea Alveolaris — Pyorrhea Alveolaris.

R. Ottolengui, M. D. S., New York City, Editor of Items of Interest—Malocclusion.

Chas. M. Turner, M.D., D.D.S., Professor of Mechanical Dentistry and Metallurgy, School of Dentistry, University of Pennsylvania—The Teeth as a Masticating Machine.

Russell H. Chittenden, Ph. D., L.L.D., Sc.D., Director of Sheffield Scientific School of Yale University — The Chemistry of Food and Nutrition.

M. I. Schamberg, M.D., D.D.S., New York City, Specialist in Oral Surgery—Surgical Operations that Might Have Been Prevented by the Dental Hygienist.

Herman E. S. Chayes, D.D.S., New York City—Hygienic Aspect of Dental Operations.

C. Ward Crampton, M.D., Hygienist and Director of Physical Training, Public School System, New York City—Factors in Personal Hygiene.

Professor Irving Fisfer, of Yale University, Chairman of Committee of One Hundred on National Hygiene—Posture and Fresh Air.

Dr. William G. Anderson, Professor and Director of Yale University Gymnasium—Lengthening the Life of the Resistive Forces of the Body.

Thaddeus B. Hyatt, D.D.S., New York City—Methods of Teaching Mouth Hygiene to School Children.

Alfred C. Fones, D.D.S., Bridgeport, Conn. — Dental Prophylaxis.

Helpful Idea.

"Do you think we ought to have women on the police force?"

"Yes; I believe it would be a good thing. Then a woman stranger in town would know where to borrow a pin."—Cincinnati Enquirer.

What the Doctor Ordered.

"I hope you are following my instructions carefully, Sandy—the pills three times a day and a drop of whiskey at bedtime."

"Weel, sir, I may be a wee bit behind wi' the pills, but I'm about six weeks in front wi' the whiskey."—Tatler.

DENTAL PHILANTHROPY; ITS USES AND ABUSES

By FREDERICK A. KEYES, D.M.D., Boston, Mass.

Read at the Guild of St. Appollonia, November, 1913.

Dr. Keyes' papers always ring true, and in this one he voices a very real danger and talks of how to avoid it. It is well worth the reading.

The rapid progress made in the last ten years in the education of the public in mouth hygiene and the unanimous stamp of approval placed upon this, the newest of movements intended to benefit the health of mankind by the medical profession, is indeed a glowing tribute to the years of unceasing energy and labor expended by the members of the dental profession.

Dentistry, so closely allied with the science of medicine in all attempts for the advancement and correction of the public health, is at last receiving the recognition its importance has warranted. Dentists should study and give serious reflection to the many mistakes made in the past by members of the medical profession and profit thereby.

Never in the history of the medical profession was it so hard as it is at present for its members to make a living. Aside from the great increase of physicians per thousand population which would necessarily reduce the net income of the individual practitioner, there is another most important factor concerned in this fight for existence confronting gradu-

ates from the medical schools and that is the increased accessibility to free dispensaries.

It would be impossible to over-estimate the good done by these free hospital dispensaries to the thousands of worthy poor. But this good is partly offset from a physicians point of view, by the attendance at these free dispensaries year after year of patients who once did and now can, but will not, pay private practitioners their lawful fees. It is estimated that over 60 per cent of the patients handled at free dispensaries are perfectly able to pay a physician's fee. Hospital authorities have quoted hundreds of incidents wherein these imposters upon a wonderful charity have been exposed and rejected, only to find that they were admitted and treated by another free dispensary in the same district. The lack of harmony existing between the many hospitals of a large city is deplorable and permits many of these unworthy patients to go from one hospital to another with impunity.

No solution of this subject has as yet been discovered. The ablest hospital author-

ities in the country today are endeavoring to devise a system of eliminating the unworthy from the worthy patients in their hospital-clinics.

This reference to conditions existing today in the ranks of the medical profession is made in order that it may sound a note of warning to dentists to go slow—not in the establishment of free dental dispensaries—but rather, in the conducting of them.

I do not think that any one plan of eliminating the unworthy from the worthy dental patients is applicable in all municipalities; nor am I going to suggest any; but will merely say that dental dispensaries should be in close association with the social and charitable organization of their district and also with one another. Dentists should make a comparative study between the free medical dispensaries of their districts and the dental infirmaries and try to profit by the undesirable conditions existing therein.

One of the advantages of school dental clinics is that the closer propinquity of the board of health, school nurses and school authorities will facilitate the investigation and tabulation of all clinical cases presented for treatment. This condition cannot exist in one large centralized dental infirmary as well as in many small infirmaries, where proximity discloses many

conditions necessarily overlooked in the hum drum rush of the large infirmary.

The free dental dispensary is practically just established and it is up to the dental experts of this country to concentrate their energies upon the discovery of a method of preventing methods of the dental impostors from having free work done at the dental clinics, so that instead of being a hindrance to the dentists of twenty years from now as the free medical dispensary is to the young physician of to-day, the free dental clinic will be a benefit not only to mankind but to the future dentist as well.

The impetuosity manifested by dentists of some districts is their over-enthusiasm to make up for years of past indifference in the treatment of the worthy poor, points, in many cases, to the same conditions now existing in the medical profession—that is, a tendency to the pauperism of the public at the expense of both the worthy poor and the dental profession itself.

Great confusion exists in the minds of many dentists between real charity work and that which should carry a salary with it. A strict differentiation between free dental clinical work and paid school dental clinics should be at all times rigidly observed.

The free dental dispensary is just as essential for the health of the public as

the free medical dispensary. Similarly the work done should be gratis. But its scope should be limited as far as possible to the treatment of the worthy poor.

On the other hand the crying need for school dental clinics should be answered; but this work should carry with it a monetary stipend as it does for the school physicians. For dentists to offer their services free to municipalities, either as dental inspectors or dental practitioners, to my mind, is a reflection on the dignity of the dental profession, and a sad misinterpretation of the word charity. If dental work is a requisite for the perfect development of a child and such work is in demand, why should dentists offer their services gratis for this work, when all municipalities willingly pay physicians, nurses, athletic instructors, etc. With the exception of the school physicians, the school dentist is the most valuable addition to the public schools for the conservation of the health of the children.

It is probable that at the beginning of dental enlightenment the pioneers of school dentistry, in order to impress the public, board of health and school authorities of the need of dental work, were found to offer their services free as dental inspectors to the municipalities.

But at this stage of den-

tal progress, there is sufficient proof at hand to warrant a discontinuance of this free service. The desired results—namely the education of the health boards and school authorities—have been obtained. Nowhere among educated people will it be necessary to show any more proof than now exists in order to convince them of the necessity of school dentistry.

Dentists should no longer, as in the past, seek the so-called privilege of examining the mouths of public school children gratuitously. Paid dental inspectors should be appointed after competitive examinations, to do this work. Efficiency in dental inspection will not come until we have competitive examinations for all positions in the public school dental department.

In the city of Boston, at the June meeting of the school board, a representative body of dentists sought and were granted permission to choose one dentist to examine the mouths of the 100,000 public school children, free of charge!

It is hard to comprehend what benefits those dentists expect to obtain from the appointment of one dental inspector, working without a salary. The conditions existing in the mouths of the Boston public school children was reported by the head of the board of health. Although these statistics were not as accurate as we

would wish, nevertheless, they were startling enough and of sufficient working foundation for the educators of the public. Further inspection by this one dental inspector of 100,000 children will doubtless bring the percentage as presented by the Board up from 65 to 95 per cent. But, will it give any real practical results

To my mind a little more patience on the part of some of our philanthropic dentists would help a great deal in permitting dentistry to reach the standard, which its importance in public schools demands, and that is equal monetary compensa-

tion with the medical profession, nurses, etc., for time spent working for the municipalities.

Paid dental inspectors should be appointed, after competitive examination, by all school boards. Any further attempts at misplaced charity by associations of dentists should be frowned upon. In the past, this custom may have been necessary. To offer services free when all other professions receiving a salary, is a reflection upon the whole dental profession and the importance of the work to be done.

MORALITY IN BUYING

By H. H. HARRISON, D.D.S., Wheeling, W. Va.

In this short paper the writer, one of the most honorable and most honored men in his section, calls your attention to a little matter of ethics that you may have overlooked, namely, your moral obligation to give your best service for your fee, "best service" embracing not only your best skill, but the use of the best instruments, appliances and materials.

There are a great many things done in this world in the political, religious and social realm that would be better left undone. We see the evil results later when in our sober thoughtful moments we look back over the past.

These errors creep into our business lives as well and trouble and perplex us when our ark should be sailing on a placid sea.

By these thoughtless blunders we not only wound

ourselves but leave a sting in those who are our brothers in the business life. Honesty should be our purpose in every act, whether it be in filling a tooth, our advice to a patient or in selecting our dental outfit or material to be used in our practice.

We realize that in our dental practice, thoroughness is an important factor if we would be just to our brothers who trust us. If this is important we must provide ourselves with the

best of instruments and material and use our best skill.

We admonish our patients that the best is none too good, and if we are honest we must follow this principle, and apply it in our every act. Of course we must not expect to make an abundant success of every case we touch, but every failure should put us on our guard that this failure shall not be repeated.

There are not many of us who have not met the "shopper" looking for a "bargain counter." Such people lack education and place the almighty dollar above their own bodily interest. However we must be good and not traduce our profession by catering to their cravings. In such cases firmness is a very important requisite, and a little lecture becomes very appropriate. We must not permit such cases to lead us into using inferior material or slighting our clinical duty. As before stated we must be firm and only do for our own brother the honest thing.

There is another party tempting us with his carpet bag in hand and Cheap John lettered upon it. "Burrs at

half price." "Modeling compound." "Broaches, the best made, price away down." "Hypodermic Needles that won't rust." "Finish Strips that won't wear out or produce pain in their use" etc. Holy Smoke:—What an array of good things right at the door! This seems like a sweet morsel to roll under the tongue—but by and by "it stingeth like an adder." Your cash is gone your man is gone, your purchase is no good, and where are you? You have defrauded yourself—compromised your professional dignity and alienated your patients by inferior work. However its a good thing that we don't have to buy this junk, for we have honorable men who sell good things that will bring good results when skill is linked with them.

The only way we can drive these leeches out of the country is by giving them the mit.

Moral—Buy the best material of honest dealers, and give it to your patients with the results of honest application, and extract a fee that is commensurate with the results.

Appendicitis Causes.

That a considerable number of cases of appendicitis are caused by overeating is now the opinion of several medical authorities, among them the New York Medical Journal. The first effect of overdistension of the stomach is a compression which produces a

decided interference with the intestinal circulation. Another effect, direct or indirect, of this disturbance of circulation is exerted upon the appendix, the resistance of which is diminished to such an extent that it often falls a prey to the action of the ever present colon bacillus and other intestinal organisms.

CORRECTING AN AMBIGUITY

To Editor and Readers of
ORAL HYGIENE:

The editor in his prefatory remarks to the article "Cheer Up," in the December ORAL HYGIENE, says: "If it were not so ambiguous a compliment, yet, to dub a man a Socialist, I should not hesitate to so designate Dr. Coller."

First, I wish to assure you that if the editor were a Socialist, no such assertion would have been made, for there was no statement of principle or policy in the article for which socialism stands. Second, I wish to do socialism no injustice. I therefore wish it clearly understood that I am not a propagandist of socialism.

I spoke of sharing net profits. You ask a Socialist how about sharing net profits? Then let the editor know what you find out. In defense of my position and to exonerate socialism I feel that I should make addition to what I said regarding manufacturers monopolizing the products of industry.

Corporations by demanding and commanding the best 20 years of a toiler's lifetime and by monopoly and exploitation of his products have in the lifetime of many of us builded a few corporations valued at a number of millions of dollars. As a result of these operations, the purchasing power of toilers is limited, resulting in limited income to varied professions and trades. Thus we discover that cor-

porations are commanding not only the industrial destiny of working men but the social and economic destiny of the whole people as well.

If labor shared in *net* profits the mass of consumers would be providing themselves with necessities and luxuries, thereby providing comforts and happiness to themselves and good market for commercial and professional trades, thus adding to the general *health, wealth* and *prosperity* of the *whole* people.

The evil conditions with which we are contending are the result of a system in which the majority have been passively and ignorantly participating. Under this system the individual is anticipating that some day either through some force of circumstances or his own luck he may one day become a dominant factor.

The great problem of life is not how to fight to gain supremacy, but how to transform society so that all may have opportunity to be good, do good and be cheerful. The time has come in the social and economic life of the people when he who hides himself behind the closed doors to opportunity and plenty can no longer be considered a loyal citizen.

Following such consideration of actual condition, no fair minded individual should fail to recognize the futility of attempting to remedy present ills by philanthropic ad-

ministration of charity either through municipal markets or charitable organization of any sort, and yet I find enclosed in the December ORAL HYGIENE a request for money to add to a relief fund for impoverished dentists. Once establish a regime of industrial justice and there will be little need for charity.

While corporations increase efficiency and decrease cost, the trouble arises from the fact that they increase the income of the members of the corporations—the few, who represent the twenty-two billion five hundred million dollar corporations—and limits the income of the toilers—the many, who represent both the salt and the slums of the earth. Increased efficiency and decreased cost is obtained wholly at the expense of toilers.

How can we have equitable distribution? After the mental and manual laborers in an industry have been remunerated for investment of time, mental ability, and labor service according to pecuniary value, every one has been equally essential and responsible for production of any NET profits and should share them equally. It resolves into a simple problem of ratio and proportion. If all have been paid in ratio to investment of service through the productive stage, they surely stand in equal ratio as to responsibility for production of any NET profits and should share equally in their distribution.

Any government which provided ways and means for so

perfect a system of coöperative production, can also provide for the coöperative distribution of the coöperatively produced NET profits. Government which makes laws making existence of corporation and coöperative production under corporate management possible, thereby making accumulation of extreme wealth possible, can also make laws requiring equal distribution of the NET profits of that system.

Thousands are aware that laws of compensation are sorely out of tune, but because of gradual growth they are unable to associate the evil conditions with any other than natural causes; thus they remain passive and ignorant participants in support of the *system*.

The statement of the Chairman of the Bureau of Corporations investigation is absolutely true:

"That civilization is a lie if after bringing these institutions into being it could not deflect their power so that they would not become a Frankenstein to destroy the liberties of men."

We need to get away from the idea of *petty* regulation and control and provide a few fundamental laws of equity and justice to which all must conform.

Provision for coöperative distribution following coöperative production would mean "23 skiddo" to *billion dollar corporations, toothless and starving toilers, and impoverished dentists.*

A FAIRY TALE FOR CHILDREN WHO WON'T GO TO THE DENTIST

By CHARLES NATHAN, D.D.S., Brooklyn, N. Y.

Mary had been eating candy all day long and her mother chided her for it, "My dear child, if you eat so much candy you will surely get the tooth-ache." Little Mary, whose teeth were badly decayed, would not go to the dentist to have her teeth filled. She had never had a tooth-ache, but the holes in her teeth were getting larger. •

When she went to bed that night she had a terrible dream. A little red wagon, drawn by lightning bugs, drove up along the top of the blanket, and from it jumped a lot of little red devils carrying queer looking tools. They scampered into her mouth, went to that tooth that had the big hole in it, and started to dig and pick away at it with great glee. They dug deeper and deeper, shouting to see each other, "Soon we'll have Mary's tooth aching." At last they reached a little red spot, and Mary felt a terrible stinging pain. Then they got a hose and attached it to a big tank with the letters P-U-S on it and filled up the big hole with horrid nasty tasting pus. They kept filling it so full that it seemed as if it could not hold any more, but still they kept on pump-

ing it in, and Mary could feel the stuff filling up her face. She tried to drive the little devils away, but it was no use, they would not go. She cried for mother to come and help her. When mother came she said, "Oh look at poor Mary's face, it is all swollen. I must take her to the good dentist right away." "But I don't want to go to the dentist, mamma," said Mary. "Please drive away those little red devils from my tooth." "I would like to, my dear, but I can't. You must go to the good dentist, he has the power to drive away these devils."

So mother took her to the good dentist, who smiled on her so sweetly, patted her hair and wiped away the tears from her eyes. He sat her in a nice big chair and took some beautiful white cotton from a little white jar, put some nice sweet smelling stuff on it and put it in that big hole in her tooth. The little red devils were made dizzy by the sweet smelling stuff and the good fairy dentist lifted them out of the big hole and threw them away. Then he took out the hose, with which they had pumped in that terrible smelling white pus, and it began to run out

of the tooth and Mary spit it all out. The dentist gave her some water, with some nice tasting stuff in it, which took away that terrible bad taste of the pus. Then he put some nice clean cotton in the hole. He handed Mary a looking glass, and, when she looked at her face the swelling was all gone. She thanked the good dentist, because the pain was all gone, and asked him if he would please fill up that big hole in her tooth, so that those terrible little red

devils would never be able to get in there again. Next day mother was much surprised when Mary asked to be taken to the dentist, and could not understand until Mary told her all about her dream.

Now, children, if you don't want to have those terrible little red devils get into your teeth, go to the dentist and let him fill up the holes in your teeth, so that they will never be able to get in.

DETROIT BOARD OF HEALTH, DENTAL DEPARTMENT

QUARTERLY REPORT, Sept. 7 to Dec. 7, 1913

Examined, 35,000.

Treated in clinics, 5,000.

This work was accomplished by seven inspectors and eight operators.

From now on we will make two complete examinations a year of the mouths of the school children.

Beginning September 1st, 1914, we expect to do four

times the clinic work now being done as there will be a big increase in the Health Board budget. The work is immensely popular in Detroit. Physicians and the public are beginning to realize the importance of Oral Hygiene and the good work that is being done.

TOOTHACHE

By JOHN PHILIP ERWIN, D.D.S., Perkasié, Pa.

It requires no introduction for at sometime toothache has been your guest. Not a pleasing one to be sure, for truly it is shockingly unconventional in that

it arrives unannounced, usually at an inopportune time and place, and although extremely unwelcome, remains until it sees fit to depart. When Bob-

by's mother told him in reply to why his tooth throbbed so painfully that it was due to naughtiness, he replied, "My! mamma, I never knew I could be so wicked." If it is because of past sins toothache treats us so rudely ours indeed must be black ones.

Everybody should know the weakest wheel of our physical machine in America is not the heart, lungs, stomach, liver, kidneys or nerves, as medical specialists would have you believe, but rather the neglected mouth (and decayed teeth) whereby Uncle Sam is fast learning it requires a more ciphered check to settle his dental bills each year than it does to construct and maintain his army and navy, with a liberal balance in favor of the dentist.

Nature is a pleasing Portia when loaning, but a stern Shylock when collecting. In the hurly-burly rush of erecting a new republic so busy were our father builders with the great task before them, health and beauty of the individual member of the community were overshadowed with weightier responsibilities arising from foes, wars, government, earning of livelihood and homebuilding. So great alone was the demand upon the time of the early settlers to plow, plant and produce a harvest sufficient to maintain their households, little wonder is it they borrowed freely from

nature by neglecting their teeth and failed to recognize the rapidly accruing debt Shylock Time would collect from their toothless grandchildren. It was during these years Messrs. Adenoid, Tonsil, Catarrh and Toothache vigorously applied unsuspected their destructive trade until to-day we find this important human wheel—the mouth—so bereft of cogs it can barely engear with its fellows. It literally requires new and stronger teeth.

It is a fact nine of every ten children have diseased mouths and defective teeth from which arise many avoidable diseases and to prevent which little has been done. Thus the growing child, building the body that is to house it for a lifetime presents an alarming dental deficiency which more than all others renders stability of the man structure inadequate for future demands. Toothache and unnecessary early extraction renders mastication impossible, so it's up—or down—to the stomach to receive food almost directly from the frying pan and fight it out as best it can with Much - Abused Brother-Liver. The child *can* go through life with a false leg but will *never* win a Marathon.

Our tubercular debt is acknowledged by those in authority largely to defective teeth. Everybody admits consumption has been learn-

ing its trade for many years, quietly but steadily, in the busiest of workshops, decayed teeth and diseased mouths. Breathing and swallowing germs powerful enough to break down tooth and bone structure must prove an exciting cause, not only for lung disorders, but likewise for other pathological conditions. Truly a pound of dental prevention is worth a ton of lung cure.

If it's a pleasure to feel sure of a thing, toothache is delightful—the diagnosis is most positive. Have you ever doctored month after month for indigestion, suffered the anguish of modern dieting, finally to land in the hands of a specialist who after hours of thumping and fool questioning proudly informed you there was nothing wrong with your stomach, only a bad case of nervous breakdown? You feel like the geik who monkeys with the carbureter or batteries until he can swear no more, finally to learn the gasoline tank is empty. It is a known fact in the medical world that a leading American financier was treated by a famous German specialist for heart disease and at the time, as an autopsy revealed, suffered from cancer. Toothache practices no such deceptions, but comes to you so clearly labeled and undisguised a fool may read even as he suffereth.

Its reputation with the masses, however, is not an

enviable one. You speak lightly of colds, catarrh, measles, mumps, jaundice, dyspepsia and nervousness, giving them but passing notice when holding sway over a friend or relative, you knowing or believing the suffering to be neither intense nor of long duration. But when Sir Toothache stalks abroad and goads you into action the entire household sits up, takes notice and passes a unanimous vote that it is the most cruel of all diseases. It remains meek as a lamb through the day until something important is presented to absorb your attention when, as if by magic, it strikes a pace like a lion, demanding your attention and rendering you unfit for rest, recreation or refreshment. It commands you to walk when you prefer to lie down, and should you prefer to walk, throbs, jabs and kicks until you rest. At times cold relieves while hot annoys, and vice versa, hot will pacify when cold becomes unbearable. It unhesitatingly drives the sweet innocent child into tears and unfearingly attacks the bravest soldier. Not like a king with the blare of trumpets does it come, but like a thief in the night, lightning from the clouds and a tigress in distress. No one element or condition in the universe has been more thoroughly cursed, and justly so, than this dreaded disease.

FROM WHENCE SPRUNG THIS
"HELL OF ALL DISEASES?"

That toothache is entirely a creation or outgrowth of modern civilization's high living and human degeneracy is extremely fallacious, for, as evidence proves, it has been a diligent disturber of the peace since the time of Genesis, through all history, down, down, down to the present era of Child's Restaurants, United Cigar and Woolworth's five and ten cent stores.

The youngest medical student will proudly tell you of the inventor of Bright's disease, Hutchinson teeth and Rigg's disease, but to reduce his glow ask as did a little Sunday school scholar: "Did Adam ever have toothache?" "And why do you ask that question," I inquired. "Because my teacher said Adam would always eat in sorrow and I thought maybe he had sore teeth like I have."

In my quest for the historical solution of toothache the child's confusion led me to suspicion Adam. Research followed and I soon discovered our parents in the famous garden were not vegetarians as many would have you believe, but subsisted on a diet novel as well as nutritious.

Fun says: "How many apples were eaten by Adam and Eve? We know that Eve 81, and that Adam 812, total 893. But Adam 8142

please his wife, and Eve 81242 please Adam, total 89,384. Then again Eve 814240fy herself, and Adam also 8124240fy himself, total 8,938,480. Now if Adam lived the 930 years as Holy Writ assures us, eating only his share, he must have averaged a dozen apples a day, Sunday and highdays included, and we rightfully presume selected the orchard's largest and finest fruit. If Fun is correct, and who can dispute it, Adam was not a vegetarian, but a fruitarian, from which we naturally conclude such quantities of fruit created excessive acid conditions in the mouth which finally produced severe toothache and rendered him sans teeth before he finished his first quarter.

That any age has been immune from toothache we dare not pretend, but we do claim the open-air lives of the tenders of sheep and cattle on Judean hills, tillers of soil in fertile Jordan valleys and the builders of the temple at Jerusalem, together with their diet of well masticated natural food employed to appease active appetites arising from such pleasant, vigorous occupations would not only create and maintain sound teeth and sturdy bodies, but exclude any possibility of dental disorders. It was rather the lazy, leisure class, wasting their lives on flowery beds of ease, acidifying their

inactive bodies by over-indulgence to pseudo-appetites with immense quantities of rich food and fermented wines, that harbored and freighted the seeds of toothache from generation to generation.

Nor can any nation claim it as its distinct production—it is not a national disease. Germany may boast of her enormous production of her pure beer and bitter biliousness; England of choice chops and glorious gout, and France of winsome women and burning ennui. Russia may be disagreeable; Japan ambitious; Spain contented and Italy cheerful, but with all these virtues and faults not one can stand up in Hague and say: "There you are gentlemen, I made it—isn't it a dandy!"

CAUSE AND EFFECT.

The why and wherefore of dental disorders are less considered and understood in this enlightened decade than any other one subject of like magnitude—simple mouth questions being enigmas to many. A boy will possess his watch barely twenty-four hours before he has taken it apart in an effort to locate the tick, but who ever heard of a civilized child dissecting a tooth to learn where the pain comes from. A farmer about to purchase a horse examines its mouth quite intelligently and refuses it if found dentally defective, while he re-

mains intensely ignorant of the points and needs of the mouths of his children. Knowing the difference existing in the mouth of a horse, a farmer inquired whether man developed more teeth than woman. The first fruits of this ignorance are neglect, which coupled with an inherent weakness forms the base of our dental troubles.

You are prepared to discuss upon sight sports, ethics, politics, religion and international intrigue, but what would your new made train friend think were you to offer as a subject for discussion, "The dental degeneracy of the average American," or "The value of caring for children's teeth," and how many facts could you present regarding them?

A wife once asked in jest why teeth decayed. "Well, madam," I slowly replied, "many theories are advanced, none of which I am willing to accept. My observation and study leads me to conclude because all are prone to prevaricate and all have decayed teeth, therefore, the prime cause of decay is lying." "Horrors me," roared my questioner, "if that's the case my old man oughtn't have a sound tooth in his head."

The battle for good teeth is fiercest while the permanent ones are erupting, surrounded with the departing, decaying deciduous teeth. This influence more than all

others, if unchecked, is felt throughout the life of the individual in almost uncontrollable decay while a conquest of this destructive force, gained only after the most painstaking care on the part of parent and dentist, leaves the permanent teeth so nearly immune as to seldom require more than simple hygienic care. This power to prevent dental disorders and loss is dentistry's greatest gift to humanity and fits the average American purse. The cry that dentistry is not for the moderate or poor class refers more to *curative* than *preventive* dentistry.

It is highly amusing to study its varied effects. When toothache jabs an Irishman in the jaw there is fun enough and plenty. "What in the world's the matter, Pat, are ye crazy?" asks Bridget as she tries to cool his rising temper. "Wow! Ouch! Oh! Begora, Bridget it's terrible." He finally drinks all the whiskey in the house, knocks his wife down to keep his courage up, starts for the dentist and on the way drinks more whiskey, and at last—has the "domb thing distracted." "Here's your tooth, Pat," says the dentist, presenting an ugly sore molar to his patient. "Ah, ha," replies Pat with a smile, "It's the only time in me loife I am glad to stare misery in the face."

The nervous German presents a different picture—as

the critics say, full of action and color, especially the native color. Seated around the table with his faithful frau and kleine kinder, their evening meal presents a scene of peace and contentment. The quicker the squall the greater the damage. Suddenly poor father bites a piece of kimmel bread into a decayed tooth and exposes the nerve when a flash of pain strikes him like a kick of a Texas mule. "Dunner-vetter! Gretchen! Vat is it? Ugh! My head, my jaw, Ouh! It cherks." The more he howls and jumps the harder the nerve thumps. When he takes his wife or children to have their teeth extracted he is a regular Kaiser. "Nae, it won't hurt—sit down, Mutter, und it vill be oud before you make your mouth oben," is the stern advice he gives, but when he seeks relief—what a transition. Fearfully excited, he hangs his hat and coat on the floor, perspires like an ice plant in July, wants to know whether he will die, and possibly faints from fear. After the tooth is out he emits streaks of German swears, and insists upon telling his friends how brave he was.

But the American—he truly is a work of art when tandemed with a glorious, surging toothache. Laughing at a man slipping on ice, striking his finger or trying to put up a stove pipe is profound sadness compared to the highly hu-

morous stunts an American will pull off while in its throes.

"Doctor, do you extract with gas?"

"Yes," I replied.

"And do you use cocaine?"

"Sometimes."

"And can you administer ether and chloroform?"

"If you desire."

"Well, I'll take them all. My teeth have been such good friends and stick so hard I don't care to hurt their feelings."

When he goes to have a tooth extracted, the American is a natural scout. First he locates the dentist with a reputation for painless work, walks rapidly by the office to experience the sensation, back and forth, gradually slower until he nerves up courage, rings the office bell, then sincerely prays the dentist is attending the ball game. Of course he is in and then—your temperature begins to rise. Fun? It has no equal.

Have you ever noticed the dentist who extracts teeth, how fair and fat he is? No? well, there's a reason. You never saw a dentist laugh when you present your toothache troubles—that's where he is an Indian and needs watching, for he does laugh, and most heartily, but respecting your comfort keeps it all on the inside, and this quantity of internal laughter is the tonic upon which he grows fat. If there is one force in life with pow-

er to rob us of the mask all men wear and display our true natures it is a midnight siege of toothache.

YESTERDAY, TODAY AND TOMORROW.

When grandpa comes across with highly colored tales of bumper crops, sleighing all winter, quilting parties, ancient honesty and the information that you folks don't know what real living is, I have him relate the oft told story how as a young man he had his first troublesome tooth extracted. As a lad of sixteen, already accustomed to great hardships, he was quite a man in physique. At this age, during a busy day's work in the fields one of his molars decided to call him off from labor by setting up a violent toothache: "When I cradled it nearly kicked the top of my head off and the harder I worked the more ugly that tooth behaved until I became weak and sick. Seeing my plight, the men advised me to take a horse standing under a nearby tree, ride to the village doctor, five miles distant, and have it pulled out. The silver lining to my cloud appeared about two miles from home when I chanced to meet the doctor on the road. "Well, my boy, we'll have that out in a jiffy," he said assuringly, as he tied his horse and proceeded to select from among his instruments an iron hook or key, shaped like the

letter S, with a strong handle, commonly used in those days to remove teeth. Taking off his coat, he seated me on the bank, placed my head against the fence-post, fastened the hook around my aching tooth and—turned the key. He twisted and swore and jerked until I thought my jaw would surely break. I called to leave go and grabbed his hand, but he held on and finally, with me yelling and both pulling, there he stood, nearly exhausted, with my tooth and a piece of jaw bone. I nearly fainted, but well remember him saying, "Well, you certainly are a tough devil."

Years ago when tooth-ache crossed the threshold of a home and attached itself to a member of the family, after suffering to the limit of one's physical endurance, both with the pain and remedies of blisters, poultices and hot potions, but one positive cure for relief existed and that was extraction. The performing of this dreaded operation usually fell to the lot of the family doctor, sometimes to the barber or blacksmith; and as they were neither skillful nor in large numbers, the victim was often compelled to endure the pain for weeks and then travel distances before obtaining the much desired relief which was usually accompanied with infliction of great pain and frequently subsequent complications.

Dentistry, at that time in its swaddling clothes, was held by many in ill repute as those engaged in its practice were not representative of the best types of society, while the God-given blessing, anaesthesia, had not come to soften their footsteps out of the valley of pain. If one's teeth were soft or prone to decay, it naturally followed with this circumscribed method of cure, teeth were lost early in life. In fact it was a common condition years ago for young people to have lost all their teeth or retained so few their appearance now would provoke ridicule and laughter.

The three great lights on the altar of human usefulness in those days were firmly established. You will admit the parson gave grandpa as good a wedding job and possibly a little better than any big or little church around the corner can compound today, for grandma always said she had the kindest husband in the world, while grandpa claimed his wife the loveliest of them all, whereby they raised a happy family instead of a miserable divorce at Reno. The lawyers settled his father's estate or a neighborly dispute regarding fences or lands without years of tiresome waiting, and the doctor's services were so satisfactory, sanitariums were unknown, patent medicines built no fortunes for unscrupulous ven-

ders and early graves for deluded victims, and families honored their physician as they did their spiritual adviser. The modern dentist, unlike these professional brethren, can make rings around the fellow that played dentist to grandpa, and this harking back to the good old days should include taking him along.

Yesterday your father groaned; today you frown, but tomorrow your children will smile at dentistry. There was a time toothache enjoyed the limelight by batting in the three hundred class, neuralgia, abscessed teeth, swollen faces and missing teeth occupying a generous share of public attention. Death from it was not uncommon, even suicide being mentioned where a sufferer's mind broke under the unremitting attacks. Its reign was as supreme as fearful, but, joy to the world, dentistry, single-handed, through all these years has grappled and battled this hungry octopus back, back to its den until now dentistry has conquered and bound it with the chains of anaesthesia and gained for humanity an eternal conquest of pain. Lincoln's Emancipation Proclamation has blest the thousands, Dentistry's its millions.

The future of our American tooth is assured with this blessing and in fact there is nothing wrong with it else it could not have withstood the immense

amount of neglect and abuse heaped upon it. Only a giant tooth could have survived the mountain of cutting, grinding, burning poisoning, thumping and pulling administered to it during the past years by the dental profession. Were it a weakling it would never have responded so admirably in years of splendid service to the treating, filling and dental attachments applied from time to time. Our national tooth is annually called upon to masticate and so prepare an immense grain and vegetable crop and tons upon tons of meat that the stomach may so receive it and impart it to all parts of the body, we may rightfully grow and become a nation of sturdy men and women capable of successfully solving the strenuous problems confronting us. Its past performances lead us to conclude if given a fair chance it will meet every demand upon it.

Knowing its loss to be irreparable, will cause us to send it into the human race unhandicapped. Should your horse balk or kick, you can beat or swap it as your temper suggests and have a new one. If your auto suddenly decides to jump a cliff or bridge, you can buy another if fortunate enough to escape. Law has devised a plan whereby man or woman may free themselves of an unsatisfactory mate and take their affinity for

Continued on page 124

EDITORIAL

GEORGE EDWIN HUNT M.D., D.D.S. EDITOR
131 EAST OHIO STREET, INDIANAPOLIS, IND., U.S.A.

ORAL HYGIENE does not publish Society Announcements, Obituaries, Personals, nor Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine :: :: ::

MEDICAL FRAUDS

The *Chicago Tribune* is the greatest newspaper in the world. It is entirely unnecessary to prove this assertion inasmuch as the *Tribune* not only fully admits it, but even insists upon it. And I am not sure but that the paper is right.

The *Tribune* established a health column some months ago, and, with characteristic enterprise and liberality, engaged Dr. W. G. Evans, former health commissioner of Chicago, to conduct it. I am wondering if there is any connection between that and the following:

Beginning last October the *Tribune* printed *expose* after *expose* of medical quacks who were swindling men under the guise of "specialists in men's diseases." No other newspaper in the world ever has had the temerity and courage to do such a thing as this. These medical quacks, including not only the "men's specialists," but "women's specialists," "cancer cure specialists," "hernia specialists," and a host of others, are nothing but a ravening, conscienceless, cold-blooded band of wolves and should be treated with precisely the amount of consideration that would be accorded a blood-thirsty wolf, but the newspapers "speak them fairly" and pretend not to know of the character of their dealings because these "medical specialists" pay many dollars for advertising, and in many cases pay twice as much for space as other advertisers pay. Does your favorite newspaper print advertisements of "no cure—no pay" quacks? If it does, it is not dealing honestly with its readers. All newspaper proprietors and publishers know these advertising physicians are blood-sucking quacks. *Collier's Weekly* exposed many of them three or four years ago. If you were to corner the publisher of your favorite newspaper, unless your favorite newspaper is the *Tribune*, or perhaps some equally courageous publication of which I have no knowledge, and were to insist on him justifying himself for selling advertising space to men he knew were soulless, arrant swindlers, he could only fall back upon the old time trade aphorism,

relegated to the scrap heap by all intelligent business men of to-day, of "caveat emptore"—"let the buyer beware."

The various articles in the *Tribune*, which caused much consternation and purchasing of railroad tickets by those exposed, have been made into a pamphlet and printed by the American Medical Association and can be purchased from the Association by addressing your letter to 535 North Dearborn street, Chicago, Illinois. I am sorry I cannot tell you the price, but it is probably about ten cents. As a satisfactory piece of literature to a man who has any love for humanity in his soul, it is easily worth ten dollars.

THE LAITY NUMBER

While the size of the Laity issue was not quite so great as was that of two years ago, it was gratifying, over one hundred thousand copies being circulated. Dr. Mead, of Union City, Pennsylvania, sent out a card with each number, which read as follows:

This little magazine emphasizes the necessity of the proper care of the mouth that different disease conditions may be averted or prevented. Read it yourself, ponder over its good advice, have your family enjoy it and pass it on to some one else that they may enjoy its benefits. The articles are all written by authorities on their particular subjects. If the magazine benefits you in any way, enough said. Presented to _____, with compliments of C. L. Mead, D.D.S., Home National Bank Building, Union City, Pennsylvania.

This little personal touch probably added much to the value of the magazine, as it tended to arouse the interest of the person receiving it, even before the copy was opened.

THE PANAMA-PACIFIC DENTAL CONGRESS

Our brethren on the Pacific Coast are certainly on the Panama-Pacific Dental Congress job. The committee of organization, with Dr. Arthur M. Flood as secretary, keeps the mails sizzling with information. The entire Congress, academic sessions, exhibits and clinics, will be held in the new auditorium now being erected in San Francisco's Civic Center. The date is from August 30 to September 9, 1915. Better begin to save your pennies now.

Had It Located.

"Which tooth are you going to have pulled, Sam?"

"Upper six, sir," answered the Pullman porter.—Louisville Courier-Journal.

Naming No Names.

A scientist says: "To keep cool in hot weather suspend all thought." It is a wonder some ball players do not freeze to death.—Omaha Bee.

NEWS NOTES

THE December 13 number of *The City of Denver*, a semi-monthly pamphlet issued by the city and county of Denver, Colorado, and sent free to tax payers, has the following to say:

"The free dental clinic for school children, located in the Longfellow school, at Thirteenth and Welton streets, which had been maintained for a year and a half by the dentists of Denver, was made a part of the city's school system the first week in October. The Denver Dental Association donated the equipment to the school board.

"All kinds of substantial dental services are given excepting work requiring the use of gold. Tooth brushes are sold to the school children for 7 cents each. The present equipment permits of caring for, approximately, two hundred patients each month. Last year 2,073 children were treated."

A cut showing the clinic room—well equipped—follows:



DR. HOMER C. BROWN, Columbus, O., a member of Ohio's State Board of Health, has an excellent article on "Oral Hygiene as a Factor in the Conservation of Health" in the December, 1913, *Monthly Bulletin* of the Board.

ACCORDING to the *Buffalo Evening News*, a public meeting was held Wednesday evening, December 17, at the Hotel Statler, in the interests of a municipal dental dispensary.

LISTERINE

Listerine is a fragrant non-toxic antiseptic, composed of volatile and non-volatile constituents, agreeable to the taste, refreshing in its application and lasting in its antiseptic effects.

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Dr. Goler, health officer for Rochester, New York, was among those billed to speak. The Eighth District Dental Society of New York was in session at Buffalo at the time.

THE *Jewish Criterion*, of Pittsburgh, Pa., says: "A free dental clinic for children of school age was formally opened Thursday, November 6, by the Council of Jewish Women, in the Council Building, 707 Forbes street. A fund of money amounting to \$500 was contributed by the Council and a modernly equipped and thoroughly sanitary dental operating room has been established for the aid of poor children.

"The oral hygiene section of the Odontological Society of Western Pennsylvania will provide dentists gratis and the clinic will be open each afternoon from one to five o'clock. The clinic is a non-sectarian institution and all worthy children in the city will be served."

An editorial in this same number says: "It requires very little argument to convince any right thinking person of the necessity of this excellent undertaking and therefore funds should be forthcoming in generous amounts. * * *

"Who will be the first philanthropist to come forward?"

TOOTHACHE

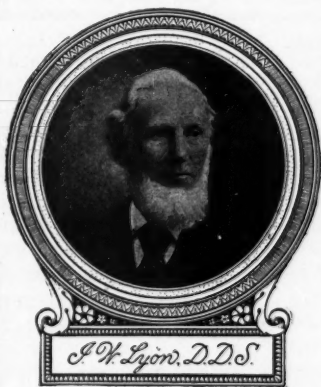
Continued from page 124

better—usually worse. In fact, money can buy anything from thrones to shoe strings, but we are fast learning, the wealth of the universe can't replace a lost natural tooth. With pain forever shackled and a knowledge of tooth value recognized future dental salvation will be due to three factors.

First, the twentieth century office. What luxury and comfort it affords. You are greeted by a well groomed attendant who directs you to a waiting room tastefully furnished with art, bric-a-brac and heavy furniture. Periodicals and magazines of the day are strewn upon the table. Soon you are taken in charge by a uni-

formed nurse, who quietly conducts you to an operating room. The table and chair before you, the spacious cabinet to your right, the fountain spittoon with running water fresh as a brook in the woods, instruments, linens, draperies, everything so spotlessly white and clean, you feel it must be dreamland, and over the doorway is written, "Fear cannot enter here."

Here abides the second factor, the New Dentist, to whom we must look for tooth salvation. No longer an illiterate fellow, coarse, dirty and begrimed, with instruments primitive as his methods; he has through training and development attained intellectual and social position equal to any of



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the standard dentifrice prepared by a doctor of dental surgery. Even more than ever Dr. Lyon's advertising will pursue the policy of educating—of urging consultations with the dentists as first considerations in the care of the teeth—of showing the importance of proper professional supervision. Both the work we are doing and the powder itself receive a generous and ever increasing recognition among dental practitioners. A prominent Indianapolis dentist writes us as follows:

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Yours truly,

(Name supplied upon request).

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It was only by trying Dr. Lyon's that this dentist discovered its value. That is why we want you to use it freely at our expense. Send for the pound package at your earliest convenience. It will be shipped to you promptly, all charges prepaid, on receipt of your request on your professional card or stationery.

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the learned professions. He has absorbed the best from the mechanic, jeweler, electrician, chemist, biologist, metallurgist, physician and surgeon and applied it to his requirements. Surely this well equipped college man is prepared to act as our future dental pilot.

Back of the New Dentist and his marvelous equipment the last and greatest force for tooth salvation is—toothache. How long would the churches exist without a hell to preach about? Would you ever visit the dentist but for toothache or fear of it? Were our teeth possessed of no more power of sensibility than our hair and nails they would have been relegated out of style—and the mouth

—into oblivion long ere this. Toothache is not, as many suppose, the destructive agent causing the loss of our teeth, but rather a constructive force, a human alarm clock that wakens us out of our stupid lethargy, warns us of all approaching dental dangers and literally takes us, not by the back of the neck, but by the nerve of our tooth and deposits us in the dental chair where it is frequently cured and its fellows saved from a like fate.

You may curse rheumatism, lumbago and gout—and they well deserve it, but for toothache, let us all drink a bumper to it. "May it throb long, save many and miss me."

A LETTER FROM DR. ROLNICK

Editor of ORAL HYGIENE:

After reading the article by Dr. F. Irwin Shaffer, on the "Business Side of Dentistry," in your August issue, and a letter by Dr. W. L. Hyde, in a later number, it occurred to me that what many of our dentists lack is neither the knowledge of the business side of dentistry, nor the ethical background whereby to gain the confidence of their patients, but simply culture. This statement may sound overbold and cause some resentment. What! Dentists with a college education at their back and real diplomas in front of them; with offices superb-

ly furnished; with hundreds of gilt-backed volumes shimmering in spacious book cases; with a fair knowledge of their mother-tongue and a facility in the use of their pens; they lack culture! This is true, however, or I would not have made such a statement. Many of our dentists do lack culture. They are narrow, bigoted, with all the loves, hates and prejudices of the primitive man. This I had occasion to learn in my college days; and afterwards in following up our dental literature; and especially now in the perusal of the above mentioned articles.

Your little magazine has

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There is no excuse now for doing "blind" dentistry.

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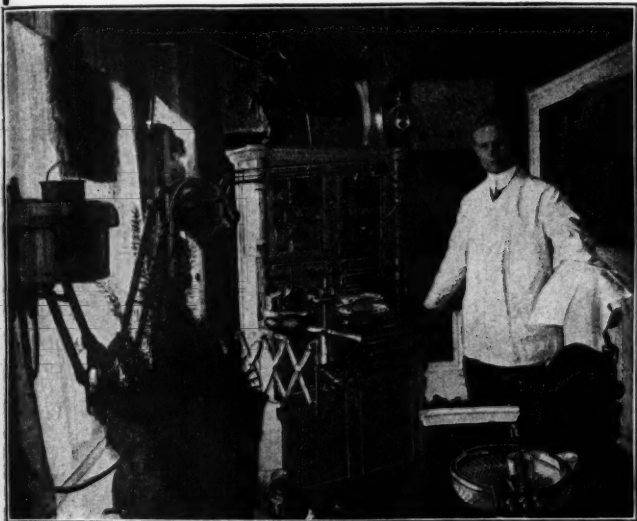
on many occasions been a pleasure to me, a source of valuable information and diversion; but it ceased to be so as soon as I ran across that false statement in regard to "last words in the Jewish Bible" by our learned Dr. Shaffer, and the subsequent thanksgiving by our very charitable and ethical Dr. Hyde.

Now, according to Dr. Shaffer, the last words of the Jewish Bible are "Get the Money." I have studied that book, both the Jewish and its sequel, the Christian Bible, and I have found no such statement therein. It is true that no Bible can be complete during the life-time of a nation, for, as a nation goes on living, it adds something year by year, century by century, to its code of ethics. The pages of its Bible increase and become more and more voluminous, and the last word of the Jewish Bible which is being accepted by the whole civilized world is "Das Kapital," by Karl Marx. Now it's up to Dr. Shaffer, as a man of erudition and honor to find his quoted statement there, or confess that it was the coinage of his own brain. Let him then retract his statement and apologize.

As to Dr. Hyde's letter, with his offering of "Thanks to Goodness" that we are not all Jews, I wish to say that he is awfully in need of information regarding the Jewish charity. It is said that in a Jewish community one can never die of starvation, and

it is true. The Jew is just as ready to give as to take. He is not money-mad as tradition hath it. It was so in the Middle Ages, perhaps, when money was the only means of procuring his safety and some standing in the community. But now it is not the case. In this country the Jew does not cut any figure among the very rich. It is by means of his peculiar culture that he looms up. Culture is the life-blood of a Jewish nation, and the Jew carries his culture wherever he goes. A glance at the Jewish newspapers will testify to this, the numerous study-clubs in the poorest districts, the Ibsen clubs, the Browning, the Shakespearian, the Darwin, the Emerson clubs, the innumerable free libraries will testify to this. That the Jewish settlement in New York has literally become the home of many an intellectual waif of the Prof. Davidson and Edward King calibre, will testify to this. The Misha Elmans, the Zimbalists, the Hoffmans, the Gidovskies, are the children of the Jewish slums, "The Children of the Ghetto" as Zangwill would call them. Every Jewish tenement is alive with music issuing from pianos, violins and cellos, and replete with budding artists eager to invade the world, not with their money bags, but with their art. Now this is the other side of the picture, and if our learned doctors desire to become convinced of its veracity, let them repair to the Jewish

What One Man Thinks of It



We are printing without comment the following unsolicited letter from the man who owns the above equipment, as it is impossible to write stronger endorsement of Pressed Steel Aseptic Furniture.

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Dear Sirs:—Enclosed find a picture of my operating room, which I am proud to say is equipped with Lee S. Smith & Son Co.'s Aseptic Furniture. Like many others, I hesitated disposing of my other equipment to buy Aseptic Furniture, especially being a two-year man in practice, but after doing so I can easily say that it will soon pay dividends on the investment. I believe I have one of the latest equipped offices to be had, as from the picture you will note the latest models of everything—Aseptic Cabinet, White Enamel Arms on Chair, Pelton & Crane Electric Bracket Table, Wall Bracket, Ritter Engine, Stamper Sterilizer, Clark Double Rowel Cuspidor, etc. If I can do any good in any way I will be glad to do so.

Respectfully yours,

(Signed) W. S. MIMS, D. D. S.

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settlements and stay there at least one week. The lessons they will learn there may wipe out their prejudices.

I, too, offer thanks to Goodness that we are not all Jews. I likewise offer my thanks that we are not all Americans, that we are not all Germans, or Frenchmen, etc. Every nation has a different individuality, an individual culture, a beauty all its own. The aggregation of all these cultures forms the culture of the world. The differences of all these individual cultures were the cause of all the hates and prejudices of the Middle Ages. But as civilization has progressed, we have come to understand that the large variety of tastes, propensities, temperaments of the different nations, is what imparts to life its interest, its beauty. We begin to shudder at the words sameness or monotony.

The professional, especially the dentist, in whose hand the safety of the people is to a certain extent entrusted, must be free from prejudice. He must be cultured. Preju-

dice is hideous, irrational; and no man can be fair in his treatment of the other man against whom he is prejudiced. The crusaders poured out in their tens of thousands to redeem the land where their Saviour was lying; and on their way slaughtered unmercifully thousands of that nation who gave birth to their Saviour, who by their culture made the coming of Christ possible. I say with all his good will, the dentist who is prejudiced against the Jew will not render good and honest services to his Jewish patient. He will take his money. The money is white; but the Jew is black to him; and he will treat him accordingly. The poor Jew is literally in danger if treated by a Jew hater.

Trusting that you will find room in your columns for this letter, and for all other letters pertaining to culture in its relation to ethical dentistry, and that slurring remarks meant to hurt one's feelings, will meet with your disapproval, I am,

J. ROLNICK.

Brooklyn, N. Y.

Rheumatism Cures.

As a prophylactic against rheumatism, some old-fashioned persons carry in their trousers pocket that inedible nut known as the buckeye. Others have even greater faith in the potency of the Irish potato, likewise carried in the trousers pocket. A curious old world tradition says that rheumatism can be cured by carrying in the pocket the bone of the haddock that lies under the

marks of Christ's fingers. On each side of the backbone this fish has two round black marks attributed to the pressure of the Lord's fingers when He lifted the fish out of the water to take the tribute money from its mouth. In some parts of New England much stress is laid upon "the lucky bone." This is a bone from the head of the codfish, is about three-fourths of an inch long, and if one carries it "nothing can hurt him."

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PATHOGENIC BACCILLI AND PROPHYLAXIS

By H. GODFREY KNIGHT, Sidney, New South Wales

"The kingdom (bacterial) is a veritable fairyland. Its inhabitants are more numerous than the sands of the sea, and as varying in their functions as are the inhabitants of the animal and vegetable kingdom." (1).

"It may also happen, in fact so far as one can judge of it does happen, that the inflammatory conditions set up in the cervical lymphatic glands by the presence of carious teeth provides a point of lowered resistance in the form of an inflamed gland, and that tubercle bacilli circulating in the blood, finding such a spot, settle down and develop, and once established act as a centre of general infection.

It is also extremely probable that the specific bacilli themselves make their way in from the mouth along the tracts of engorged and enlarged lymphatic vessels much in the same way that the cells of an epithelioma so rapidly spread in oral cancer." (2).

This being the case we can go further and the same conditions will apply in the following diseases for which the mouth can be a starting place: Actinomycosis, anthrax, chicken-pox, cholera, diphtheria, dysentery, influenza, measles, leprosy, mumps, meningitis, pneu-

monia, pertussis infantile paralysis, scarlet fever, small pox, epidemic stomatitis, tuberculosis, typhoid and rheumatic fever, etc.

The oral cavity as a locus of infection has by no means been considered properly in the prevention of disease especially when we remember the impressive fact that the origin of all common infectious diseases is phylogenetically traceable to putrefactive processes, and nearly always such processes are going on in mouths, in a disgusting degree in neglected ones, and though the dirty subject may be immune he or she is a distinct collector and carrier of disease to others less fortunate.

Again from a hygienic standpoint the mouth is of paramount importance, as in the course of all chronic diseases of whatever nature, and in old age, the sufferer is particularly prone to have his original disease complicated by some other infection. Indeed it is the latter that is the common cause of death. And it is the pneumococcus, a micro-organism, almost everyone harbors in the mouth even in health, which heads the list as a fatal second invader. Just consider that pneumococcus is capable of bringing

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the following states of suppurative conditions about. Pneumonia, pleurisy, pericarditis, endocarditis, peritonitis, and of the accessory air sinuses otitis meningitis, conjunctivitis, arthritis, periostitis, nephritis, etc. (3).

"In all mouths, healthy or unhealthy, clean or dirty, I have never failed to obtain the streptococcus." (2).

I do not desire in heading this article "pathogenic bacilli" to have it considered that I regard them as the sole factor in disease or that any one organism however virulent is capable of provoking disease by itself, though some forms of micro-organisms are capable of development in such a way as to make us careful in being sure of this, as among these tiny proteans are certain forms—some innocent looking enough—which seem to be extremely mutable. In fact their transformation and multiplication pass any previous conception of the science of evolution, instead of epochs we are dealing in days. Also taking the popular idea that until the system is prepared e. g. below normal, infection cannot take place, we have only to consider as far as both arguments go the facts that the gonococci in the right environment can cause disease and that gonorrhoeal conjunctivitis (responsible for 60 per cent of all blindness in the world) histologically does not seem to pick and choose much as to the individ-

idual it can attack. And lastly the spirochea pallidae of syphilis insontium will not be worried much by the toughest individual it happens to gain access to. What I do wish to point out is that however varied or multiplied the conjoint hosts may be in the oral cavity they are easily destroyed by correct methods.

Can it be said that dentistry is not master of its field, though yet we cannot besaid to be preventive paragons as far as immunity from caries goes. While admitting the wonderful advance medicine has made in the vaccine method of treating varied germs, even with such a complex causative bacteriology as catarrh, the ideal purpose of any speciality of medicine is the prevention of disease. Metchnikoff made a great call years ago for defensive legislation against syphilis, which even this twentieth century does not respond to.

Apart from sanitary science, are we ever going to make any advance in this way? From the astonishing immunity enjoyed by the majority of individuals considering the flourishing and varied flora of pathogenic bacteria always present in that ideal environment, the oral cavity, as we have in health and disease, when the latter becomes present this source of danger is neglected by the medical profession or if methods are taken they are as inadequate as the or-



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OR WILL HAVE IT

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dinary layman's idea of cleaning the mouth. Consider the powders or washes as used; when the usual conditions are some carious cavities a stump or two and possibly a few silent abscesses with an innocent looking sinus draining poison into the mouth. Taking the powders and washes and the way they are applied, rarely does this performance occupy three minutes and the antiseptics contained therein can by no stretch of the imagination conduce to a sepsis such as a microscope will demonstrate as being near even a condition we may describe as clean. And in passing I may say that until this poor instrument's (the microscope's) power can be considerably improved the march of progress in bacteriology is likely to halt. The minute and rapid evolution of what are known as non-pathogenic and pathogenic bacteria respectively in a field such as the mouth, where putrefactive processes are present, be other than a dire factor in the causation of infective disease. Amid these conditions, the struggle for existence brings about the probable transformation of what are looked upon as peaceful, usual and useful denizens into quite a different specific bacilli who regard their host in a distinctly other light and would now be labelled as woeful warriors.

Fortunate it is, they war among themselves.

Until these changes and struggles are better understood it would be as well at all times that much more thorough and exact defensive and destructive means were taken at the fount of their energy and inception.

The most serious and neglected period under our observation begins with children during the eruption of both the permanent and temporary sets of teeth. We cannot forget that the alarming mortality among infants should, with strict cleansing of the oral cavity, be decreased considering the mouth and throat infections so often prevailing. With children how often do we not find, if by remote chance our services are called, a most chaotic condition of erupting teeth, decayed and dead temporaries and a general septic state. And do we not mostly meet our learned brother, Dr. So & So feebly contesting these causative states with some lotion or wash or entirely disregarding it.

Later on in life we have dozens of other shocking states and in some of them we are guilty in preparing causes for effects; some of our crowns and bridges make delightful shelter for organic matter and microbes, and it is a moot point that vulcanite dentures do not also contain myriads of convenient caves for sheltering these exceedingly minute communities of bacilli.

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We have to remember that no longer are the juices of the stomach considered sufficient to destroy the many forms of bacteria coming from our territory and it behooves us to instil well both the layman and the doctor with the menace an unclean mouth means, and that a thorough sterilization of the same involves a much greater amount of trouble than has hitherto been regarded as sufficient. We must remember also that in pyorrhea, so prevalent nowadays, mechanical causes (probably lack of proper mastication) have produced pockets where pyogenic bacteria swarm, pneumococcus, staphylococcus, streptococcus and *M. catarrhalis*, all thus forming organism, so that as a post operative procedure in all internal surgical operations and in systemic afflictions such as asthma, rheumatic disturbances, etc., it is absolutely essential for the surgeon and physician to have the aid of a dentist and an assured aseptic state maintained.

The same thoughts in other words. In such a well victualled and watered harbour as the mouth which conceals this nest of pirates who are capable and ever ready with reinforcements to invade along pretty well any of the vital canals which lead from there along the human organism to its oxygen machine, its food laboratory, its very heart, or out

into its remotest ramifications, against such array the allied powers of the different special states of medicine and dentistry need to fight with their best of armaments.

We still have the spectacle of a follower of Lister and his doctrines taking all his precautions with hands etc., and operating on a virginal field, breathing from a mouth containing a horde of one of his worst enemies, the streptococci, and perchance at times some other virulent vagrants it must be his misfortune to gather. The patient's mouth is also probably just as thick with the enemy, likewise the assistants. As a celebrated Frenchman put it "Progress is lame" so is the grasping of the practical points of prophylaxis. For instance Japan is now considered to have won her war with Russia by the aid of Lister yet the very nations where his views on antiseptic surgery were first taught have not so far adopted his ideas to their practical logical sequence, namely that before going into battle both the soldiers and their clothes should be sterile. Again I do not know of any army except Japan's whose first morning duty is to clean their mouths.

However to come to procedure without discussing our ordinary routine practice we will consider those cases where the patient is

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bedridden and we are called in to treat the oral cavity.

Begin by taking a wine-glassful of three per cent hydrogen peroxide and sit the patient up. A tablespoonful should be held in the mouth and allowed to remain there five minutes, the patient being instructed to roll the tongue about, and distend and slacken the muscles of the cheek. The remainder of the peroxide should be used in the same way. Now with cane stick, pumice and peroxide, thoroughly rub round the teeth and gums. The tongue should also be thoroughly cleansed. The objects of this apart from cleansing is to break up the films and plaques with which the bacteria protect themselves from interruption and harm. Lysol, its saponifying action increased by use with a tooth brush, will also do, if peroxide should not be available. Next take sens solution of iodine namely, iodine one part, potassium iodine two parts and water 100 parts, or a strong non-albuminous antiseptic diluted with water to the required strength, and get the patient to rinse and use the same with a tooth brush for at least five minutes.

Should there be green stain or Phorrrhoea present, in the first remove, iodine of course being part of treatment. In the second all tartar or serumal deposits are removed with the aid of lactic acid or tartar solvent. The disinfection of this state

requires great care and trouble and should there be pericemental inflammation (or gingival stomatitis in children) push bismuth paste or the following paste into the borders or pockets.

R

Oil of citronella minims.....j

Icthyol

Lanolin of each, drachms....ij

Now examine the mouth for decayed teeth. If there are superficial cavities dry and paint with silver nitra. All deep cavities should be temporarily stopped with oxide of zinc paste containing hydronapthol or aristol and the drugs necessary for what ever state the pulp may exhibit. Teeth and stumps with abscess, if possible, extract. Should this not be possible and the abscess is causing trouble treat as best you can, and if the Doctor agrees the following should be given internally, and acute symptoms reduced by the external application of antiphlogistine. Potassium iodine—one drachm, syrup of sarsaparilla—three fluid ounces. A teaspoonful three times a day in a wine-glassful of water.

A routine practice of the cleaning course outlined should be followed at least three times a day and there is much greater possibility that pneumonia etc., may be averted and whatever septic trouble present in the throat or elsewhere considerably relieved and aid given towards a cure.

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the above still applies in bedridden cases, but where possible a week's cleaning course should be given at one's surgery and everything essential done and after treatment prescribed. Possibly atomizers will be used in every hospital before long.

To conclude I again refer to old age where it is of extreme importance to keep the mouth free from the

pneumococci. Great oral cleanliness is necessary should the bacilli of a cold or influenza be in possession.

1 Consumption a Curable and Preventable Disease—Flick.

2 Mycology of the Mouth—K. Goadby, L.D.S.

3 Opsonic Method of Treatment—R. W. Allen, B.S. C.

SOME THOUGHTS

By H. A MAVES, D.D.S., Minneapolis, Minn.

It seems to me we are seeking for a field to conquer which is not in keeping with the field we are now working in and seems to be so inefficiently cared for.

It is consequently most timely to call attention to the fact that the septic condition of mouths, as daily presented, needs more careful consideration and that we should not let the sleeping dogs lie. We must therefore advance the one great virtue we should all strive to possess, namely, the truth as we find it in our dental profession, thereby dragging ourselves from this quicksand of dishonor.

Perfect rest and satisfaction have no place in a live mind bent on improving conditions that really exist. Mouths of the patients of the average practitioner are unclean, unwholesome, and often repulsive.

In appearance teeth are

without lustre, fillings tarnished, amalgam fillings rough, crowns and bridges ill-fitting at cervix, gums red and congested and calcic deposits on roots; in fact, mouths show conclusively that the new patient's dentist has been confining his entire efforts to filling teeth. Such a dentist will assure his patient that Rigg's disease is incurable and only focuses his eyes on crowns of the teeth and is quite oblivious to the fact that the foundation of a tooth is the root and that the life and usefulness of its crown is dependent entirely on the freedom from infection, irritation and congestion of the tissues composing or surrounding the root.

At this point I have encountered some difficulties that the essayist has apparently illuminated and wish to allude to what so many of our profession call the scavenger

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service. I became imbued with the idea that we should teach and prescribe methods and means for oral cleanliness as the physician prescribes the infant's bath. But as the physician refuses to bathe the child, so should the dentist refuse to clean its teeth, or its mother's, cousin's or aunt's. The dentist should ask how such menial service affects his social standing, and how compatible it is with his professional education and dignity. I earnestly commend that for the good of our profession these things be explained to all applicants for a service that ought certainly not to be asked of a gentleman of a learned profession. Why should each child be compelled to be vaccinated or compelled to attend school and not compelled to clean his own teeth? We have got to approach the elimination of such scavenger service, by such avenues, by such stages and at such a pace as will be consistent with the stability and safety of the profession of our community.

If dentists will not listen to the gospel of clean mouths and prophylaxis and practice it, it is time the public should know of the dangers of oral sepsis even if it has to be taught by a public criticism. If the public once learns they will not tolerate any middle method.

What constitutes an aseptic dental office? Is it one where the reception room table is covered with literature that has been accumulating for months and covered with dust

and upon entering the operating room find wash basin, cuspidor and bracket tables that have not been polished for days? The beautiful cabinets lined with precious velvet and felt in whose remotest corners we find the delicate instruments with which we do our operating such as hypodermic needles, lances, forceps, etc., on our shelves we find our medicine bottles whose necks and corks are covered with dust and bacteria into which we daily dip our separate pliers. How may a man cleanse himself unless he recognizes that he be unclean? At this point I would like to take the liberty to invite you to inspect a thoroughly aseptic dental office and a dentist who practices asepsis diligently during every operation. This aseptic dentist is Dr. Pike, of Minneapolis. To him I owe a debt of gratitude for inspiring me along this line of dental asepsis, teaching me what beneficial results can be obtained by such a system. How I wish we might all strive to obtain such a healthful idea for ourselves and patients. No fee will then be too large for saving the teeth and leaving the whole mouth in an aseptic state, but any fee, no matter how low, will be found too high if the alveoli are left in a septic condition.

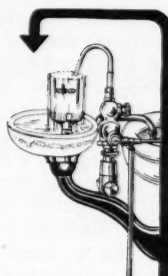
Criticism does no harm if it is deserved. If it is the truth we welcome it; if we are doing something we ought not to do let us know about it. As a profession we cannot teach oral hygiene to the public until



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we practice it ourselves. Gentlemen, we are not better than mechanics and artisans. Why in the name of decency and consistency do we want to be called Doctors—why entitled to this degree? What is the use of an oral hygiene movement in public schools and among the public generally when we as dentists are open to just criticism of such septic conditions and not producing to our fullest capacity? But sooner than permit the continuance of a system by which

we are open to just criticism by the public and medical profession, let us adopt the old motto, "Esse quam Videri," "It is better to be than to seem." "Would you have your name smell sweet with the myrrh of remembrance and chime melodiously in the ear of future days, then cultivate faith not doubt, and give every man credit for the good he does, never seeking to attribute base motives to beautiful acts." ACTIONS COUNT.

AN ILLUMINATIVE EPISTLE

The following letter was sent in by a Sandusky, Ohio, brother:

I may not be able to get to Sandusky till Wednesday. I have a lady helping a week will wait I think and go Wednesday in forenoon. I will be pleased with my teeth I know but have as little rubber underneath as possible so that it doesn't come down much on the teeth and to fit up as high as I can get it as this one bothers me very much to talk and Dr. I prefer you to crown that tooth with your best soft gold that you showed me if you will and I will pay you the difference whatever it is coarse you did explain to me the difference but it looks much better and stays so and I had my two teeth of my own teeth crowned with that best soft gold and never dented it only when he pulled it so when I had

teeth made they were kept by this certain Dr. and these brass wooden ones in place so if you will crown it with best soft gold that you showed me and the difference I will pay you when I come again will settle for it all then you may crown that second tooth of my old plate as it may not be so long and slim I like it little broader and that clumsy gold tooth if a little piece cut off the end I want it nice and apart well in front even more so at bottom spread out little more and not to even don't you think along left left side don't think I am making strict orders don't pitch my teeth toward the front center rather towards back as mine was crowded at back and sides and not much teeth in front.